Health, Safety and Wellbeing Guidance
Core I Consider I Complex

Guidance on Safe Handling of Inanimate Objects and People
1. Introduction
Eliminate or avoid the risks from manual handling as far as possible, where it is not possible to remove all the risks they should be reduced to as low a level as reasonably practicable.
An ergonomic approach is recommended – look at how the task can be fitted to the individual, rather than the individual having to try and fit to the task.
There are some basic principles that everyone should observe when carrying out manual handling:
- ensure that the object is light enough to lift, is stable and unlikely to shift or move
- heavy or awkward loads should be moved using a handling aid
- make sure the route is clear of obstructions
- make sure there is somewhere to put the load down wherever it is to be moved to
- stand as close to the load as possible, and spread your feet to shoulder width
- bend your knees and try and keep the back's natural, upright posture
- grasp the load firmly as close to the body as you can
- use the legs to lift the load in a smooth motion as this offers more leverage reducing the strain on your back
- carry the load close to the body with the elbows tucked into the body
- avoid twisting the body as much as possible by turning your feet to position yourself with the load.

2. Manual Handling Risk Assessments
The Manual Handling Operations Regulations provide the framework for the risk assessment process within manual handling. It requires a systematic assessment process of all the relevant areas with the aims of identifying the main areas of risk and developing a plan (safe system of work) for those involved.
It is the duty of the employer as far as reasonably practicable to:
- Avoid hazardous manual handling tasks so far as reasonably practicable;
- Assess the risk where it is not possible to avoid the task
- Reduce the risk to the lowest reasonably practicable level
- Review if the circumstances change.

Quick reference flow charts on Manual Handling Risk Assessments have been developed to support this process
2.1 TILEO
A basic assessment should consider:
- Task
- Individual Capability
- Load
- Environment
- Other Factors

The above list is often summarised as TILEO. The following tables look at each component of TILEO in more detail and gives examples.

<table>
<thead>
<tr>
<th>The Task</th>
<th>Example (Inanimate Objects)</th>
<th>Example (Person)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does it involve....</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holding loads away from the body</td>
<td>Lifting a sack of rubbish from a bin</td>
<td>Supporting a person’s limb during personal care</td>
</tr>
<tr>
<td>Bending or stooping</td>
<td>Lifting an object from the floor</td>
<td>Supporting a small child walking</td>
</tr>
<tr>
<td>Large vertical movements</td>
<td>Placing files onto a high shelf</td>
<td>Lifting a child who has climbed onto a table</td>
</tr>
<tr>
<td>Long carrying distances</td>
<td>Carrying equipment where no trolley is available</td>
<td>Carrying a child from a classroom to the toilet</td>
</tr>
<tr>
<td>Strenuous pushing or pulling</td>
<td>Pushing a lawnmower</td>
<td>Pushing a wheelchair user up an incline</td>
</tr>
<tr>
<td>Repetitive handling</td>
<td>Production line</td>
<td></td>
</tr>
<tr>
<td>Insufficient rest or recovery periods</td>
<td>Moving a delivery consignment</td>
<td>Assisting a number of service users to get up in the morning</td>
</tr>
<tr>
<td>A rate of work imposed by a process or frequent prolonged effort</td>
<td>Lifting to/from a conveyor belt</td>
<td>Getting a number of people up in a certain time frame/regular toileting regimes/put-to-bed routines etc</td>
</tr>
<tr>
<td>Are there other circumstances to consider</td>
<td>Equipment failure</td>
<td>Evacuation of premises</td>
</tr>
</tbody>
</table>
### Individual Capability

<table>
<thead>
<tr>
<th>Factor</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the job…</td>
<td>Is there an expectation for the tallest and/or strongest members of employees to perform tasks?</td>
</tr>
<tr>
<td>Require unusual strength</td>
<td>Are there aspects of the task that can be seen to present a risk to pregnant woman or for example, to someone who already has a back problem or other health problem?</td>
</tr>
<tr>
<td>Create a hazard to those who might be pregnant or have a health problem</td>
<td>Does the person carrying out the task have sufficient knowledge and skill to continue safely? Has there been a consideration of the skill level required to do the task?</td>
</tr>
<tr>
<td>Need particular information or training</td>
<td></td>
</tr>
<tr>
<td>Other Requirements</td>
<td>Is a barring and disclosure check required?</td>
</tr>
</tbody>
</table>

### The Load (as an object)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the load…</td>
<td></td>
</tr>
<tr>
<td>Heavy</td>
<td>Filing cabinet, large furniture,</td>
</tr>
<tr>
<td>Bulky</td>
<td>Printers, desks,</td>
</tr>
<tr>
<td>Difficult to grasp</td>
<td>Large box</td>
</tr>
<tr>
<td>Unstable/unpredictable or with contents likely to shift</td>
<td>Laundry, boxes with unsecured items,</td>
</tr>
<tr>
<td>Sharp, hot, cold or otherwise potentially damaging</td>
<td>Cooking pans, chainsaws,</td>
</tr>
<tr>
<td>Contain hazardous substances</td>
<td>Animal parts</td>
</tr>
</tbody>
</table>

### The Load (as a person)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much help does the person need</td>
<td>Is the person able to perform all the tasks without supervision? If they need help, how much help? Do they need equipment?</td>
</tr>
<tr>
<td>Service user/pupil expectations/wishes</td>
<td>Does the person have requests or wishes that will affect the moving and handling? Have these been discussed and considered.</td>
</tr>
<tr>
<td>Does the method chosen encourage independence</td>
<td>In the longer term, will the method of assistance encourage the person to be as independent as possible? Is it important to this person to be as independent as possible? Does the handling plan need to be integrated with a therapy plan?</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Able to weight bear</td>
<td>Can the person stand and do so without the need for support or assistance? Does the person rely on standing to be able to transfer and move within their environment? Does the condition of the person’s feet affect weight bearing ability?</td>
</tr>
<tr>
<td>Pain/Medication</td>
<td>Is the person in pain? Does the person need referral to their GP or a pain specialist? Does the person take any medication that affects their mobility? Does timing of drug administration need to be changed to ensure best effects occur during moving and handling tasks?</td>
</tr>
<tr>
<td>Tissue viability/infection</td>
<td>Does the person need any special considerations related to their skin or need disposable equipment because of infection?</td>
</tr>
<tr>
<td>Ability to communicate with others</td>
<td>Can the person explain their situation and follow requests? Does the person understand English?</td>
</tr>
<tr>
<td>Predictability</td>
<td>Is the person always the same or do they display variable or challenging behaviours? Do they easily tire or have difficulty maintaining sustained effort?</td>
</tr>
<tr>
<td>Is the person a child or vulnerable adult</td>
<td>Does the person have a personal history which make them more vulnerable?</td>
</tr>
<tr>
<td>Behaviour</td>
<td>Is the person likely to be anxious, passive, show inappropriate responses or be violent or aggressive? Are there triggers to the behaviour?</td>
</tr>
<tr>
<td>Cultural Issues</td>
<td>Possible differing expectations regarding gender of carers, authority &amp; acceptance, methods of managing personal hygiene.</td>
</tr>
<tr>
<td>Physical Abilities</td>
<td>Has the person a disability or health problem that affects how much they can help? Is this an intermittent condition? e.g. epilepsy. Does the person have any problems with muscle tone, spasm or stiffness? Can the person balance themselves in lying, sitting and standing? Do they have any muscle weakness?</td>
</tr>
<tr>
<td>Comfort</td>
<td>Is the method used comfortable and not causing difficulties e.g. skin damage, undue stress on a part of the body?</td>
</tr>
<tr>
<td>Body Shape</td>
<td>Does the person need specialist equipment because of their body shape such as individually made hoist slings or postural equipment?</td>
</tr>
<tr>
<td>Height and Weight of the person</td>
<td>How tall and heavy is the person? Can equipment support the combined weight of the person being assisted and employee(s)?</td>
</tr>
<tr>
<td>Falls</td>
<td>Does the person have a history of falls – should a falls assessment tool be completed?</td>
</tr>
</tbody>
</table>
### The Environment

<table>
<thead>
<tr>
<th>Factor</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space constraints on posture</td>
<td>Due to: storage difficulties, design of equipment, layout of furniture in a person’s home, working in a confined space</td>
</tr>
<tr>
<td>Uneven, slippery or unstable floors</td>
<td>Are there steps, thresholds or edges that make the moving and handling more difficult? Does the surface make pushing equipment over it difficult? Is there ice or fluid on the floor?</td>
</tr>
<tr>
<td>Variations in levels of floor</td>
<td>Are employees required to work on different levels or negotiate steps?</td>
</tr>
<tr>
<td>Extremes of temperature or humidity</td>
<td>Carrying out manual handling tasks in warm environments e.g. boiler rooms, kitchens</td>
</tr>
<tr>
<td>Poor lighting</td>
<td>Can employees see sufficiently to get the job done?</td>
</tr>
<tr>
<td>Indoors/outdoors</td>
<td>Are there variable gradients, distances involved. Weather conditions to consider or assisting a person in public places?</td>
</tr>
</tbody>
</table>

### Other Factors

<table>
<thead>
<tr>
<th>Factor</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does clothing affect the task</td>
<td>Are employees wearing suitable clothing? Does personal protective equipment affect the task e.g. gloves, overshoes etc</td>
</tr>
<tr>
<td>Is team handling involved</td>
<td>Does everyone involved know how the task is to be carried out?</td>
</tr>
<tr>
<td>Are there other legal factors that need to be considered</td>
<td>Does the moving and handling task infringe the person’s human rights or could be considered discriminatory?</td>
</tr>
<tr>
<td>Communication</td>
<td>All relevant parties are being effectively communicated with during the manual handling activity, this should include the service user/pupil. Different methods of communication maybe necessary for some individuals and everyone’s needs need to be considered.</td>
</tr>
<tr>
<td>Equipment</td>
<td>Can lifting aids be used easily in the space provided? Has the equipment been checked as part of a maintenance programme and does it comply with equipment regulations? Are there systems in place to obtain specialist equipment that may only be used on an occasional basis?</td>
</tr>
</tbody>
</table>
2.2. Completing detailed manual handling risk assessments

The HSE has developed guidelines to identify when manual handling situations require a more detailed manual handling risk assessment.

In all cases, if the activity has weights outside the guidelines then a more detailed manual handling assessment is required. The guidelines are most likely to be useful for confirming a more detailed assessment is not required. For example if you think the activity to be assessed is low risk, the guidelines should quickly and easily confirm this. If the operation is within the guidelines, a further assessment is usually unnecessary unless there are any individual employees at significant risk such as new or expectant mothers, a young person, an individual with significant health problems or an existing manual handling injury.

The guidelines are less likely to be useful if the activities are complex and in this case it may be more appropriate to go directly to a detailed risk assessment.

The Manual Handling Risk Assessment Record and guidance has been developed with reference to the HSE’s Guidance on the Manual Handling Operations Regulations and the HSE ‘Manual Handling Assessment Charts’ (MAC Tool).

The tool and further information about the MAC can be found using the following link:
http://www.hse.gov.uk/msd/mac/index.htm

2.3 Determining the risk level of manual handling risk assessment

With regard to the manual handling activities for your establishment or service:

1. Observe the activity,
2. Note the weight of the object being moved and
3. Compare it to the appropriate diagram.

This guidance should be used in conjunction with HSF25 Manual Handling Risk Assessment Record.

When completing the risk assessment, you will allocate the manual handling operation a risk level. These risks levels are colour coded to make the process simpler:

<table>
<thead>
<tr>
<th>Colour</th>
<th>Risk Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>Low Level of Risk (adequately controlled).</td>
</tr>
<tr>
<td></td>
<td>The vulnerability of special risk groups (e.g. pregnant employees, young workers etc.) should be considered</td>
</tr>
<tr>
<td>Amber</td>
<td>Medium Level of Risk (further controls required)</td>
</tr>
<tr>
<td></td>
<td>Examine the task carefully</td>
</tr>
<tr>
<td>Red</td>
<td>High Level of Risk (Prompt action needed)</td>
</tr>
<tr>
<td></td>
<td>This may expose a significant proportion of working population to risk of injury.</td>
</tr>
<tr>
<td>Purple</td>
<td>Very High Level of Risk</td>
</tr>
<tr>
<td></td>
<td>Such operations may present serious risk of injury and should come under close scrutiny. Particularly when entire weight of load is supported by one person.</td>
</tr>
</tbody>
</table>


3. HSE Guidelines (Manual Handling of inanimate objects)

3.1 Lifting and lowering

Each box in the diagram is a guideline maximum weight for lifting and lowering in that zone. The diagram enables the assessor to take into account the vertical and horizontal position of the hands as they move the load.

The guidance regarding weights which can be lifted is based on loads which are easy to grasp and hold in a good working environment. They will provide a reasonable level of protection to around 95% of working people, but these should not be regarded as safe weight limits for lifting. Even weights within these guidelines should be avoided or made less demanding wherever possible.

![Diagram](image.png)

Source: HSE Leaflet. Getting to Grips with Manual Handling

The guideline maximum weights are less if handling with arms extended or at high or low levels, as that is where injuries are most likely.

For example:

The guidelines show 95% of women will be able to safely lift an object weighing 16kg from a shelf at waist height and move it to another shelf at waist height, as long as the load is kept within close reach. If the lifter’s hands pass between zones then the lowest weight must be taken, so if she has to lift the load from the floor to waist height and the load weighs more than 7 kg, a detailed risk assessment is required.

The basic guidelines for lifting and lowering are for relatively infrequent operations (up to 30 operations per hour or one lift every two minutes). If this frequency is exceeded, a detailed risk assessment is required. It is preferable to modify the activity so it is within the guidelines, rather than having to complete a detailed risk assessment.

Repetitive twisting or stooping is a factor that may require a more detailed assessment.
3.2 Twisting
Twisting should be avoided wherever possible by moving the feet. If twisting cannot be avoided then the guideline weights should be reduced as shown below:

How far does the handler twist?

<table>
<thead>
<tr>
<th>How far does the handler twist (from the front)?</th>
<th>Reduce guideline limits by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>45°</td>
<td>10%</td>
</tr>
<tr>
<td>90°</td>
<td>20%</td>
</tr>
</tbody>
</table>

3.3 Carrying
The guidelines for lifting and lowering also apply to carrying operations where the load is held against the body and carried no further than 10m without resting. A detailed assessment is required if the load is carried further than 10m without resting or if the hands are below knuckle height or above elbow height.

3.4 Handling while seated

Seated workers face particular risks when handling because they cannot use their stronger leg muscles to lift the load. The weight limits are much smaller and the object should be held closer to the body. Where employees are seated a detailed risk assessment may be required.
3.5 Pushing and pulling

For pushing and pulling (where it is necessary to slide, roll or support a load on wheels) the guideline figures assume the force is applied with the hands between knuckle and shoulder height. It is also assumed that the distance involved is no more than 20 metres. If these assumptions are not met, a detailed risk assessment is automatically required.

<table>
<thead>
<tr>
<th>Guideline figure for</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>stopping or starting a</td>
<td>20 kg on a trolley</td>
<td>15 kg on a trolley</td>
</tr>
<tr>
<td>load</td>
<td>this equates to around 200 Newton’s*</td>
<td>this equates to around 150 Newton’s*</td>
</tr>
<tr>
<td>Guideline figure for</td>
<td>10 kg on a trolley</td>
<td>7 kg on a trolley</td>
</tr>
<tr>
<td>keeping the load in</td>
<td>this equates to around 100 Newton’s*</td>
<td>this equates to around 70 Newton’s*</td>
</tr>
<tr>
<td>motion</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(∗ A Newton is defined as the amount of force required to accelerate a mass of one kilogram at a rate of one metre per second squared)

In order to give an indication of how to calculate the above, the amount of force needed to move a load over a flat, level surface using a well-maintained handling aid is at least 2% of the load weight. For example if the load weighs 400kg then the force needed to move the load is 8kg. On an uneven surface the force needed to start moving could increase to 10% of the load weight. The Health, Safety and Wellbeing Service can assist if the need for such a detailed assessment on pushing and pulling is identified.

3.6 Load weight / frequency graph for lifting

This graph will identify the colour band in relation to weight and frequency of lifting. Note the weight of the load and the frequency of the lifting operation. Read off the risk banding on the graph below and enter the colour onto the assessment form.

Please note: High frequency handling of light weights will fall within the green zone, but may be associated with upper limb problems and so may need further control measures.

Source: HSE Leaflet, Manual Handling Assessment Charts
3.7 Hand distance from lower back when carrying
Watch the task and note the horizontal distance between the employee’s hands and their lower back. Always assess the worst case scenario, and use the following to guide your assessment:

![Diagram showing hand distances]

Source: HSE Leaflet, Manual Handling Assessment Charts

3.8 Postural constraints
Consider postural constraints when completing assessment. If the movements of the employee are unhindered, the risks are low. If they adopt restricted postures during the lift because of the space available (for example, a narrow gap between the load and shelf or a high workstation), then this indicates increased risk levels. If the posture is severely restricted, (for example, work in confined spaces) then the risks will be high.

3.9 Asymmetrical trunk/load
The employee’s posture and the stability of the load are risk factors associated with musculoskeletal injury. The following illustrations should guide your assessment.
3.10 Environmental factors
Environmental factors can impact on the management of manual handling risks, and should be considered in the manual handling assessment process. Environmental factors may include, poor or extreme lighting conditions (dark, bright or poor contrast), extreme temperatures or strong air movement.

3.11 Personal protective equipment (PPE)
The manual handling risk assessment should consider if the task requires the use of PPE to control a risk. PPE must provide sufficient protection from hazards but should not hinder the manual handling process. PPE covers a wide range of items relevant to manual handling, including overalls, gloves, safety shoes, food safety hats and hard hats.

Overalls or uniforms must not restrict movement or prevent people using the correct manual handling techniques. For example, skirts or long overalls over trousers may restrict leg movement. If this is the case a more suitable uniform should be provided.

Gloves may affect dexterity and the ability to grip a load, depending on their type and thickness. Always ensure the correct type of gloves are used to provide protection but also give as much dexterity as possible.

Safety shoes with steel toe caps are necessary for some types of manual handling tasks, in order to prevent injury if a load is dropped or a trolley is wheeled over a foot. Safety shoes must provide a good grip.

3.12 Team handling: load weights
Team handling may make a lift possible where it would be beyond the capability of a single person, but may introduce additional issues which the assessment should consider. During the lift, the proportion of the load that is borne by each team member will to vary to some extent, especially over sloping or uneven ground.

As a result the load a team can handle safely is less than the sum of the loads individuals could lift alone.

As an approximate guide, a two-person team can lift 2/3 of the sum of their individual capabilities. E.g. Two men could separately lift 25kg each if it was moved, for example, from a shelf at waist
height to a table at waist height. Together they could lift a single object weighing $\frac{2}{3} \times 50\text{kg} = 33.3\text{kg}$ from waist height to waist height. A three-person team guideline figure is half the sum of their individual capabilities, e.g. three men could lift a $\frac{1}{2} \times 75\text{kg} = 37.5\text{kg}$ load from waist height to waist height.

3.12.1 Team handling: communication, co-ordination and control
Communication is essential when lifting as part of a team. Good communication may include counting 'one, two, three, lift' prior to the lift and again when putting the item down. The team should have control of the load, lift smoothly and all members should lift and lower together. Ideally, members of the team should be of a similar height to ensure a smooth, even lift. An uncoordinated team lift may leave one member of the team bearing the entire weight. More detailed information on team manual handling can be found on the Health and Safety Executive website via their Manual Handling Assessment Chart Tool (external site).

4. Handling Aids
Mechanical handling aids can reduce the risk of injury when used correctly. Even simple aids such as trolleys, sack trucks and wheelbarrows can be used to move items and reduce the likelihood of injury. When using a handling aid it is better to push rather than pull, and to use body weight and leg muscles to do the work. Make sure the load is kept under control, particularly on slopes. In some cases more sophisticated manual handling aids may be required. Handling aids may eliminate many of the manual handling risks, but their use may introduce other hazards and these must be risk assessed. Regulations require that some manual handling aids require a periodic statutory inspection on safety critical components. For further information see the Management Arrangements on Lifting Operations and Lifting Equipment (LOLER).
5. Guidance for Good Handling Techniques for Lifting

**Think before lifting/handling.**
Plan the lift.
Can handling aids be used?
Where is the load going to be placed?
Will help be needed with the load?
Remove obstructions such as discarded wrapping materials.
For a long lift, consider resting the load midway on a table or bench to change grip.

**Keep the load close to the waist.**
Keep the load close to the body for as long as possible while lifting. Keep the heaviest side of the load next to the body. If a close approach to the load is not possible, try to slide it towards the body before attempting to lift it.

**Adopt a stable position.**
The feet should be apart with one leg slightly forward to maintain balance (alongside the load, if it is on the ground). The worker should be prepared to move their feet during the lift to maintain their stability. Avoid tight clothing or unsuitable footwear, which may make this difficult.

**Start in a good posture.**
At the start of the lift, slight bending of the back, hips and knees is preferable to fully flexing the back (stooping) or fully flexing the hips and knees (squatting)
Setting to grips with manual handling

- **Don’t flex the back any further while lifting.** This can happen if the legs begin to straighten before starting to raise the load.

- **Avoid twisting the back or leaning sideways,** especially while the back is bent. Shoulders should be kept level and facing in the same direction as the hips. Turning by moving the feet is better than twisting and lifting at the same time.

- **Keep the head up when handling.** Look ahead, not down at the load, once it has been held securely.

- **Move smoothly.** The load should not be jerked or snatched as this can make it harder to keep control and can increase the risk of injury.

- **Don’t lift or handle more than can be easily managed.** There is a difference between what people can lift and what they can safely lift. If in doubt, seek advice or get help.

- **Put down, then adjust.** If precise positioning of the load is necessary, put it down first, then slide it into the desired position.
6. People Moving (Children, Young People and Adults)

All the guidance for load handling equally applies in people moving activities. The fact that the load is a person presents additional issues which must be considered during a moving and handling operation. The person being moved will have opinions and emotions regarding the activity and must be completely involved in the process at a level appropriate to them as an individual. This section provides guidance on some of the issues that need to be managed when assessing people moving activities.

Manual Handling Trainers are provided with skills and knowledge regarding the safe backcare principles to allow them to advise and support managers in the development of safe working methods and techniques that will meet the individual’s needs. A technique that works well and safely for one individual does not necessarily work appropriately for another. Trainers are given techniques and skills they can adapt which are based on current best practice guidance. Techniques that are not recommended and the reasons why they should be avoided are also clearly explained within training.

Managers are recommended to have a copy of the 6th Edition “Guide to the Handling of People” available in their workplace if moving people is a frequent activity as this document gives excellent advice and support.
### 6.1 The Individual

It is important to ensure that information about the individual’s mobility, health considerations, cultural/beliefs and other information that is used in the development of a handling plan is available and accurate. Whenever possible the individual should be involved in the risk assessment process, along with parents, family, carers and any other relevant parties. This information should form part of the risk assessment process, as it will support the development of effective handling plans. Examples of issues that should be considered and maybe a constraint on handling are detailed below.

| 1. Postural stability: | • Head control  
|                       | • Trunk control  
|                       | • Ability to sit  

| 2. Control of voluntary movement: | • Hand grip  
|                                   | • Muscle spasm  
|                                   | • Flaccid limbs  
|                                   | • Involuntary movement /epilepsy  
|                                   | • Startle  
|                                   | • Effects of medication  

| 3. Restriction of movement | • Joint contracture  
|                           | • Fixed deformity  
|                           | • Dislocation  
|                           | • Pain  

| 4. Fragility | • Fragile bones  
|             | • Generalised weakness  
|             | • Delicate skin  

| 5. Hearing: | • Capable of hearing instructions?  
|            | • Is there a hearing aid/is it working?  

| 6. Sight | • Any/level of visual impairment  
|         | • Glasses available  
|         | • How well can they see where they are going  

| 7. Comprehension / communication | • Ability to understand instructions  
|                                   | • Can they be understood  
|                                   | • Dementia  
|                                   | • Use a communication device/is it present/working  

| 8. Experience of movement | • Ever walked, climbed stairs?  
|                           | • Movement frightening or disorienting?  
|                           | • Experience of falling?  

| 9. Any attachments | • Presence of splints, plasters, prosthesis, catheter  

| 10. Willingness/ability to assist | • Aggressive/unpredictable/challenging behaviour  
|                                   | • To what extent can they help during manoeuvre  
|                                   | • Current level of posture and movement  
|                                   | • Unfamiliar surroundings/people  
|                                   | • Individual ill/tired  
|                                   | • Receiving medication which may affect balance/handling  

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A Movement and Handling Plan (HSF24) should be developed for individuals that require moving and handling. It is essential that throughout a moving or handling activity that communication with the individual is undertaken and their dignity maintained. This information should be reviewed regularly and especially when there are either positive or negative changes in an individual's mobility/health etc.

Wheelchairs are primarily a form of transportation and some service users and young people may find that their prolonged use (particularly shaped chair moulds) uncomfortable. Where possible and desired by the individual, opportunities should be provided to move from the wheelchair and change body position to promote comfort.

6.2 Managing expectations

Some risk assessments will result the need for equipment adaptations or adjustments to reduce handling risks to employees and/or the service user. It is more likely that any changes will be acceptable to the service user and their family if they have been fully involved in the assessment process and understand the purpose for which it has been carried out. Even when there has been involvement in the risk assessment, a minority of people will be reluctant to change. In instances where there is a disagreement a balanced approach is needed to ensure that:

- Employees are not required to perform tasks that put themselves and service users at risk unreasonably;
- Service users’ wishes on mobility assistance are respected wherever possible; and
- Service users’ independence and autonomy is supported as fully as possible.

It is not acceptable that unsafe work practices that pose immediate risk of injury to employees are allowed to continue unaddressed. Where agreement cannot be reached it is recommended that a formal meeting with the service user, their family and relevant manager/professionals be held. At the meeting the results of the risk assessment and the consequences not controlling the risks should be discussed and a solution identified. Failure to resolve the issue at that stage may require other approaches and options to be tried with limitation of service being the final option in a hierarchy of approach.

6.3 Safe Handling of Children and Young People

The thoughts, feelings and concerns of a young person must be considered. They must be completely involved in any risk assessment or planning process at a level appropriate to them. Respect and dignity must be maintained at all times. How this is achieved will vary with each child and young person, but communication throughout is essential.

Correct moving and handling procedures are an essential part of the holistic learning process that aims to meet the principle to “help children achieve more”. The structured and planned implementation of moving and handling strategies is also integral to ensuring the well being and safety of all children and young people.

Issues associated with moving children and young people

Employees should consider the individual child/young person, their level of comprehension and sensory impairment when planning moving and handling procedures.

Children and young people:

- Should be warned that they are about to be moved.
- May object to being moved.
- May have behaviour that is unpredictable.
- May become agitated.
- May move unexpectedly going into spasm.
- May shift their centre of gravity.
- May have attachments or medical conditions that require special consideration so information must be sought from parents and/or health professionals.

6.4 Moving and Handling in the Service User’s Own Home
Householders cannot be required to adapt their home or use equipment provided to reduce risks to employees. However, with their co-operation the risks from manual handling can be reduced by modifying the home environment to improve working postures of employees and carers. A written risk assessment and individual handling plan must be available for all the community employees involved.

6.5 Safe Handling of Extremely Heavy Service Users
This refers to the manual handling of extremely heavy individuals who weigh in excess of 25 stone (158kg). Extremely heavy and clinically obese (Bariatric) people can present a number of additional challenges and risks where manual handling is concerned.

All people requiring assistance to move should have a manual handling risk assessment and individual handling plan completed and where appropriate this should include obtaining a measurement of the person’s weight.

Any equipment used to move extremely heavy people must be assessed for its suitability/appropriateness. The following should be considered:
- Safe working load
- Adequate internal proportions (width and depth) to accommodate the person.
- Suitable height.
- Whether the equipment is power assisted.

Consideration must be given to the need for obtaining specialist equipment. Specialist advice on suitable equipment may need to be sought from Occupational Therapist/ Health Professional.

6.6 Rehabilitation Handling of Service Users
Managers will need to be aware of the difference between care handling and rehabilitation handling.

Care handling is where manual handling needs to be avoided and mechanical equipment such as hoists are used for service users who are non-weight bearing or unable to transfer safely.

Rehabilitation handling is where handling is performed as an integral part of a therapeutic intervention and risk must be reduced in other ways. Specialist equipment including the use of standing and transferring aids and the provision of more employees may be required so that service users can achieve the optimum level of independence and mobility.

Several groups of employees (physiotherapists, occupational therapists etc) will be involved and managers should ensure that rehabilitation programmes minimise the risk to employees and carers. Adequate staffing levels and sufficient equipment must be provided along with specific risk assessments and training.
6.7 Management of the Fallen Person
Where employees encounter a fallen person the following action is recommended:
- Assess the person for injuries
- If the person is un-injured protocol A should be followed
- If the person is injured or has a suspected injury follow protocol B.

Protocol A – Uninjured Person
Where possible the person should be encouraged to move themselves, provided this can be done safely. Employees may give assistance but must avoid lifting or taking the persons full weight. If the person is unable to get up they should be left where they are and made comfortable. If available, mechanical aids such as hoists should be used. If there is no equipment or there are insufficient employees to use the available equipment safely the ambulance service should be contacted for assistance. The ambulance control centre will need information about the name, address, height, weight and any other relevant medical condition of the fallen person.

Protocol B – Injured Person
- The person should be left in the position found and not moved;
- Make the person comfortable and give reassurance. Keep the person warm if necessary.
- Contact the ambulance service immediately by ringing 999;
- Stay with the person and give reassurance until the ambulance service arrive;
- CPR and other first-aid procedures should be started as necessary provided employees have the appropriate skills and training.
- The ambulance service will move the person in the most appropriate way once they have arrived and assessed the situation.

6.8 People Who Fall Frequently
If falls become a regular occurrence the person should be referred to their GP for a full review, other agencies e.g. physiotherapist, occupational therapist should be involved as necessary. In situations where it is foreseeable that the person may fall again, a written individual handling plan must be produced. The plan should include details on what action is to be taken by employees and details of any equipment used. All necessary equipment must be available. Assistive technology may present management solutions to reduce identified risks.

7. Training
It is essential that those involved in manual handling activities have received suitable training which is refreshed as required in training guidelines. Training for employees in people and inanimate object manual handling is available. A Manual Handling Trainer programme is available and managers can select individuals to become trainers in their work area. Access to bespoke manual handling training for employees is available from the Health Safety and Wellbeing Service. Records of training must be kept for 5 years. Managers must retain training records of employees.

8. Further Advice and Guidance
Please contact the Health, Safety and Wellbeing Services for more advice and guidance on manual handling risk assessment, control measures and training.